

3:17cv1910

Tuesday, October 17, 2017

Defendant

Department of Veterans Affairs  
PO BOX8079  
PHILADELPHIA PA 19101

FILED  
SCRANTON

OCT 18 2017

Plaintiff

Edwin A. Garacia  
240 Scott rd.  
Clark Summit, PA 18411

*SP*  
PER — *SP* DEPUTY CLERK

- 1: Here comes the plaintiff, Edwin Anthony Garacia SM 139525246 DOB 123058, seeking relief from the federal court in reference to this action against the veterans administration in a medical malpractice suit and ongoing health conditions due to the severity of the infection caused by the veterans administration.
- 2: On April 24 2015, A spinal cord stimulator was inplated in the plaintiff, On May 5 2015, after it became infected, The infected head contained MSSA (Methicillin-sensitive Staphylococcus aureus) and E.Cola. Blood cultures were positive for MSSA, in the blood cultutres, sepsis was also discovered in the blood culture. As for Dr.Alapatt, all these conditions were caused due to not properly sterilize prior to operation.
- 3: It was later discovered that a nurse at the OR at the VA facility in Wilkesbarrie was idscarged for being drunk at the operations.
- 4: With the type of inspection the plaintiff contracted from the dirty equipment he had ben left with permenante debilitating conditions. The infection attacks the vital organs, nerves, and brain.
- 5: The plaintiff suffered a heart attack during the stay in the hospital and was never informed of the condition.
- 6: The plaintiff, who was transferred to Community Living Center at the facility, was told that he would have to go to a nursing home and he would have to pay for that out of his own pocket even know that the condition was caused by the veterans hospital
- 7: The plaintiff on August 1 2015, after his meds were givin in the morning, was told to pack up his stuff and leave the facility with no advance notice, no home care, and no medication. the plaintiff told the unknown phishian that he was not schedule to be discharged and no discussion of him to be discharged. The plaintiff told the phishian to contact the VA police, that the only way to get him outta here. Police reccords and medical reccords will show that the plaintiff told the VA police officer that no plans were made of his discharged andand the VA give him a large dose of oxycotton, morphyne, plus many different medications. The plantif was in a wheelchair and had to drive home

while he was on heavy pain medications which is illegal in Pennsylvania and other states in the U.S. The plaintiff had no medications, no home nursing, or access to his home because he was in a wheelchair and there was stairs to get in his house. Plaintiff needed a ramp and a movable bathroom downstairs. The plaintiff, due to the removal of the device, had two open holes in his back which requires to be clean and changed twice a day

8: The plaintiff applied to the VA for permanent disability for the conditions arising from the infection, just recently the plaintiff was informed by another doctor about other condition he was suffering and have no knowledge about due to the infections, so the plaintiff has other conditions that he was unaware of that the VA has the suspicions or knowledge of and has not informed the plaintiff

9: At the request from a outside doctor, the plaintiff has been giving a health aid doctor 3 hours a day, 7 days a week, 365 day in a year. And now, the outside doctor has requested 24 hours assistance, 7 days a week, 365 days a year.

10: The plaintiff request the court to examine the documents and the plaintiff is seeking 5 million dollars in damages due to the VA negligence and unproperly cleaning the equipment and operating room, and the treatment of the plaintiff when he was discharged from the hospital, plus interest on money due him, also all medical treatment, supply, doctors, and anything i need for aid, comfort, and quality of life to be giving to me by the VA due to the expense of their negligence.

11: The plaintiff is submitting the document of information that he have at this time to the court

51 Edwin Anthony Garica

Plaintiff: Edwin Anthony Garica

240 Scott Rd.  
South Abington PA 18411  
(570) 479-2838

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE  
TRICOUNTY0001@YAHOO.COM

139-52-5346

SUMMARY

March 16, 2017

Reference: Ed Garcia

I have received and reviewed the VA records which are from 2015 Mr. Edwin Garcia, 56 years old, white male that is obese and suffers from depression. He had a spinal cord stimulator implanted on April 24, 2015 for chronic back pain and removed on May 05, 2015. According to VA records Mr. Garcia developed an infection for which blood test indicated it was due to MSSA and treated initially on I.V. Vancomycin and later switched to Cefazolin due to his sensitivities. More likely than not, the infection that Mr. Garcia sustained was due to an infected neck that contained MSSA(Methicillin Sensitive Staphylococcus Aureus) and E. Coli. Mr. Garcia according to records developed right side neck swelling however, no drainable abscess was found in that area although the swelling was felt to be due Pyomyositis related to MSSA bacteremia. With treatment of antibiotics the area became less swollen and painful, further testing and a TEE did not reveal any vegetation. On June 07, 2015, Mr. Garcia completed antibiotic treatment, blood revealed normal WBC count, ESR found to be elevated PICC line removed.

It is my medical opinion that Mr. Garcia developed major depression due to different ailments. The pain limited him from performing any physical activities, leading to his becoming obese and developing diabetes. In addition, it is my medical opinion that due to Mr. Garcia implantation of the device on the lower back and developing sepsis further enhance his depression because the organism grew in his blood culture MSSA and E. Coli because they were not properly sterilized prior to the operation.

It is my medical opinion that Mr. Garcia urinary incontinence due to back injury, causing him to have less sexual desires, increasing food intake as substitution and weight gain thereby, and further increasing his depression. These ailments and drug abuse, more likely than not, due to the surgery, leading to sepsis, leading to a back wound that does not heal and increasing pain in Mr. Garcia has a nurse that cares for the wound 7 days a week and proving pain medications as prescribed for the back wounds.

Sincerely,

Thomas Alapatt, M.D.

# Discharge Summaries

Printed On Aug 3, 201

Knee: arthralgia (ICD-9-CM 719.46)	Allergies (ICD-9-CM 995.3)
Edema (ICD-9-CM 782.3)	Pain in joint involving ankle and foot (ICD-9-CM 719.47)
Hypoglycemia (ICD-9-CM 251.2)	LUNG (ICD-9-CM 799.9)
Achilles bursitis or tendinitis (ICD-9-CM 726.10)	Foreign body (ICD-9-CM 799.89)
Accidental Fall on or from Sidewalk Curb	Foot pain (ICD-9-CM 729.5)
Vitamin D deficiency (ICD-9-CM 268.9)	Vitamin B12 deficiency (SCT 64117007)
Dental caries (SCT 80967001)	Unspecified disease of nail (ICD-9-CM 703.9)
DM II w/o complication (ICD-9-CM 250.00)	Disorders of bursae and tendons in shoulder region (ICD-9-CM 726.10)
Alcohol abuse (SCT 15167005)	Lumbosacral radiculopathy (SCT 2415007)

**OPERATIONS/PROCEDURES:** Incision and drainage of spinal cord stimulator insertion site wound with removal of spinal cord stimulator and pulse generator

**CONSULTATIONS:** General Medicine, ID, WOUND/OSTOMY

**HOSPITAL COURSE:** This 56 y/o male veteran had a spinal cord stimulator placed in April with subsequent complication of wound infection. He is a poorly controlled diabetic, morbidly obese male and was unable to manage his postop care effectively. He developed wound infection at the generator and lead placement sites and thus was admitted for surgery and postop care. The above surgery was completed. Patient admitted 47 hr observation for IV antibiotics and monitoring. He was suspected of having bacteremia that did prove positive on blood cultures. His WBC was elevated. Patient received Vancomycin IV and adjusted dose based on trough. Infectious Disease was involved in evaluation.

Because of the seriousness of his problem and need for longer term antibiotic and wound care he was converted to regular admission.

See CPRS for details.

**Medications:**

**Active Medications (including Supplies):**

	Outpatient Medications	Status
1)	ALPROSTADIL INJECTION SYSTEM 20MCG EA INJECT 20MCG INTO PENIS AS NEEDED FOR ERECTILE DYSFUNCTION	ACTIVE
2)	APAP 250/ASA 250/CAFFEINE 65MG TAB 1 TABLET MOUTH DAILY AS NEEDED	ACTIVE
3)	ASPIRIN 81MG CHEWABLE TAB 81 MG MOUTH EVERY DAY	ACTIVE
4)	ATORVASTATIN CALCIUM 40MG TABLET TAKE 20MG (ONE-HALF TABLET) BY MOUTH EVERY EVENING FOR CHOLESTEROL	ACTIVE
5)	C3 MALE CONTINENCE DEVICE - REGULAR USE AS DIRECTED TOPICALLY AS NEEDED FOR URINARY INCONTINENCE	ACTIVE
6)	FOLIC ACID 1MG TABLET TAKE ONE TABLET BY MOUTH EVERY DAY *FOLIC ACID SUPPLEMENT*	ACTIVE
7)	INSULIN ASPART 100 UNITS/ML FLEX PEN INJECT 20 UNITS	ACTIVE

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**  
 GARCIA, EDWIN ANTHONY  
 240 SCOTT RD  
 CLARKS SUMMIT, PENNSYLVANIA 18411

**VISTA Electronic Medical Documentation**  
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# Radiology Reports

Printed On Oct 6, 20

The gated portion of the study showed inferior akinesis and septal hypokinesis. Left ventricular ejection fraction is in the normal range at 59%.

A large fixed defect throughout the inferior wall extends to the apex. A moderate-sized segment of reversible ischemia at the apex is noted.

The TID ratio is elevated at 1.46 and follow-up to exclude triple vessel disease is recommended.

## Impression:

There is a moderate-sized segment of ischemia at the apex. A large fixed defect is seen throughout the inferior wall extending to the apex.

The TID ratio is 1.46 and follow-up to exclude triple vessel disease is recommended.

Inferior apical akinesis and septal hypokinesis is noted. Left ventricular ejection fraction is in the normal range at 59%.

Joseph Rienzi  
6/1/2016 2:17 PM

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Primary Interpreting Staff:  
JOSEPH RIENZI, Staff Physician  
(Verifier, no e-sig)

/JR

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# Radiology Reports

Printed On Oct 6, 20

Clinical History: Chest tightness-rule out CHF versus infiltrate

Comparison: May 15, 2015

Findings:

There is a right-sided central venous catheter with its tip in stable position. Blunting of the right costophrenic angle may represent a small pleural effusion. Atelectatic changes are noted in the right lung base, early infiltrate is not excluded. Clinical correlation is recommended. There is no pulmonary edema. Heart size is within normal limits. There are degenerative changes of the thoracic spine. Chronic appearing mild compression deformities are noted of the mid and lower thoracic spine.

Impression:

Small right pleural effusion. Atelectatic changes in the right lung base, early infiltrate is not excluded. Clinical correlation is recommended. No pulmonary edema.

READING PHYSICIAN: Lorraine Manlolo M.D. -1982926861  
5/27/2015 3:44 PM  
VHA National Teleradiology Program  
795 Willow Road, Bldg 334, Suite C210  
Menlo Park, CA 94025  
877-780-5559

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Primary Interpreting Staff:  
RADIOLOGY,OUTSIDE SERVICE, Staff Physician

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CHEST SINGLE VIEW

Exm Date: MAY 15, 2015@16:08

Req Phys: LEVCHUK, MICHAEL

Pat Loc: OP Unknown/10-06-2016@10:52  
Img Loc: X-RAY MAIN (XRAY)  
Service: ZZZSURGERY

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# Progress Notes

Printed On Jan 22, 20

explantation of an infected spinal cord stimulator complicated by chronic wound infection that ultimately was closed after long-term antibiotic care with secondary intention.

Prior to the above annotated surgery patient had chronic service-connected low back and neck pain status post ACDF and multiple interventional pain procedures. He has been on chronic opioid therapy due to this pain. He has also experienced neuropathic pain in both lower extremities manifesting as bilateral restless leg syndrome and periodic neurogenic bladder. His condition is well documented in his medical record. The resulting injuries and sequelae resulting chronic disability and inability to work.

Patient is here today for routine follow-up. His current analgesic regimen consists of morphine 15 mg sustained release by mouth twice a day oxycodone, 15 mg by mouth 4 times a day, and baclofen 10 mg by mouth 3 times a day when necessary back spasm. He complains of chronic ongoing tightness in his back musculature with radiation down both lower extremities. He continues to be plagued by restless leg syndrome despite multiple medications used in an attempt to treat the same. He is presently ambulatory using 2 canes, but does require a motorized scooter for extended duration of ambulation. Although he has other assistive devices (wheelchair, motorized wheelchair) he chooses not to use them in an effort to maintain his strength. He has insulin-dependent diabetes with an element of diabetic neuropathy as well. He reports no change from his usual bowel and bladder condition.

#### Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK AVIVA PLUS TEST STRIP USE 1 STRIP FOUR TIMES A DAY AS NEEDED WITH LANCET FOR TESTING BLOOD SUGAR	ACTIVE
2)	ACCU-CHEK SOFTCLIX LANCET USE 1 LANCET FOUR TIMES A DAY AS NEEDED TO TEST BLOOD SUGAR	ACTIVE
3)	ALCOHOL PREP PADS USE 1 PAD TOPICALLY THREE TIMES A DAY FOR TOPICAL USE TO CLEAN SKIN	ACTIVE
4)	ALPROSTADIL INJECTION SYSTEM 20MCG EA INJECT 20MCG INTO PENIS AS NEEDED FOR ERECTILE DYSFUNCTION	ACTIVE
5)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR HEART	ACTIVE
6)	ATORVASTATIN CALCIUM 80MG TABLET TAKE 40MG (ONE-HALF TABLET) BY MOUTH EVERY DAY AT 5 PM FOR CHOLESTEROL	ACTIVE
7)	BACLOFEN 10MG TABS TAKE ONE-HALF TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE SPASM	ACTIVE
8)	C3 MALE CONTINENCE DEVICE - REGULAR USE AS DIRECTED TOPICALLY AS NEEDED FOR URINARY INCONTINENCE	ACTIVE
9)	CHOLECALCIFEROL (VIT D3) 2,000UNIT TAB TAKE ONE TABLET BY MOUTH DAILY (FOR LOW VITAMIN D) VITAMIN D DEFICIENCY-D/C HOME 8/1/15	ACTIVE

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# Progress Notes

Printed On Jan 22, 2017

Patient has answered NKA

## PHYSICAL EXAMINATION:

## VITAL SIGNS:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN	WEIGHT
12/22/15 @ 1521	97	77	20	157/73	7	

GENERAL: The patient is alert and oriented x3.

BODY MASS INDEX - DEC 15, 2015@10:20:46 44.8.

HEENT: Normocephalic atraumatic, PERRLA, nares clear, ear canals clear, normal pharynx.

## NEURO:

Cranial Nerves: Intact-right eye blindness

Motor: 5/5 upper ext., 5/5 hip flexors/knee extensors, 4/5 plantar/dorsiflexors, 4/5 left foot dorsiflexors

Sensory: Stocking loss bilaterally

DTR: symmetric upper, decreased knees, absent ankles

ASSESSMENT:

- #1 S/P Explantation infected spinal cord stimulator/baseline chronic neck and low back pain
- #2 Morbid obesity
- #3 DM-neuropathy
- #4 Unsteady gait/generalized deconditioning -neuropathic pain
- #4 Postlaminectomy Pain Syndrome
- #5 Restless leg Syndrome

PLAN:

- #1. Present analgesic regimen.
- #2 Patient appears to have reached a plateau in his progress. I believe his condition at best will remain static, at worst may show continued worsening of his ambulatory status requiring motorized wheelchair. It is highly unlikely that his condition will improve and that his present deficits are permanent. He will require ongoing medication and treatments for this condition. The etiology of his pain is his service-connected conditions which are well-healed enumerated in his medical record. In my opinion his service-connected disabilities are static and unlikely to improve.
- #3 RTC 3 months

/es/ THOMAS W HANLON, MD-SURGICAL SERVICE  
ANESTHESIOLOGIST-PAIN MANAGEMENT

Signed: 12/26/2015 08:32

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# Discharge Summaries

Printed On Aug 3, 2015

16)	MELOXICAM TAB	15MG PO QDAY	ACTIVE
17)	MORPHINE INJ	2MG/1ML IVP Q4H PRN for pain	ACTIVE
18)	OMEPRAZOLE CAP,EC	20MG PO QDAY	ACTIVE
19)	PAROXETINE TAB	20 MG PO QDAY	ACTIVE
20)	POLYETHYLENE GLYCOL 3350 UD PKT	17GM PO QDAY PRN for constipation	ACTIVE

**PHYSICAL EXAMINATION:** General: Alert, oriented x3, not in acute distress. Vital Signs: Reviewed. Blood pressure 129/66, respiratory rate 18, pulse 84, temperature 97.1, pain level 1/10 at present time. Pulse oximetry 95%. Head and Neck: Normocephalic, atraumatic, PERRLA, no nystagmus, no JVD. Lungs: Clear to auscultation bilateral. No wheezing, no rhonchi, no crackles. Abdomen: Soft, nontender, nondistended. No organomegaly. Lower Extremities: No cyanosis. No edema. Lower Back: Infected wound no purulent discharge at the present time. Sterile dressing in intact..

**DISCHARGE DIAGNOSES:**

1. Sepsis.
2. Status post removal of spinal cord stimulator.

**DISPOSITION:** Patient will be transferred to CLC Short Care Unit for continuation of his IV antibiotics. PICC line is present.

DD: 05/21/15@15:24

DT: 05/21/15@15:44

AMERICA'S PRIDE/740054/JOB# 1609486

/es/ MICHAEL LEVCHUK

PA-C, MPH

Signed: 05/22/2015 08:47

/es/ THOMAS W HANLON, MD-SURGICAL SERVICE  
ANESTHESIOLOGIST-PAIN MANAGEMENT

Cosigned: 05/22/2015 09:24

LOCAL TITLE: Discharge Summary

DISCH. DATE: MAY 11, 2015

ADMIN DATE: MAY 07, 2015

ENTRY DATE: MAY 11, 2015@16:05:24

STANDARD TITLE: DISCHARGE SUMMARY

ATTENDING: HANLON, THOMAS W

DICT DATE: MAY 11, 2015@16:05

STATUS: COMPLETED

DICTATED BY: BUNTON, RICHARD E

URGENCY: routine

\*\*\* Discharge Summary Has ADDENDA \*\*\*

ADMISSION DATE: MAY 07, 2015

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)  
 MCIA, EDWIN ANTHONY  
 100 SCOTT RD  
 MARKS SUMMIT, PENNSYLVANIA 18411

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with Vancomycin and he was switched to IV Cefazolin. After he came back from Geisinger Medical Center, he was readmitted to 4-East with adjustment of his Cefazolin 2 grams IV q.8 h. Wound Care also provided diabetes treatment and general medicine treatment, which was provided by Medical service. Basically this patient presented with several concerns suggestive for underlying septic condition at that time. His suspected endocarditis was not confirmed. Right now, patient after treatment with Cefazolin IV and diabetes treatment and wound care is doing much better, and he will be sent to CLC short-term care.

**ALLERGIES:** No known drug allergies.

**MEDICATIONS:** His outpatient medication was reviewed and discussed with the patient. Please refer to medical reconciliation note.

**MEDICATIONS: Active Inpatient Medications (including Supplies):**

Active Inpatient Medications		Status
1)	ACETAMINOPHEN TAB 650MG PO Q4H PRN for fever , notify MD if fever	ACTIVE
2)	ACETAMINOPHEN /OXYCODONE TAB 1 TABLET PO Q4H PRN for pain	ACTIVE
3)	ALPRAZOLAM TAB 0.5MG PO TID for anxiety	ACTIVE
4)	ATORVASTATIN TAB 40MG (1 TABLET) PO QDAY-5PM	ACTIVE
5)	BACLOFEN TAB 5MG PO TID PRN for muscl. spasm	ACTIVE
6)	CEFAZOLIN INJ CEFAZOLIN 2 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 15 Minutes IVPB Q8H	ACTIVE
7)	DEXTROSE 50% IV PUSH INJ, SOLN FOR HYPOGLYCEMIA IVP DAILY PRN 50 ml if pt unable to swallow and has not received OJ, non-diet soda or instaglucose	ACTIVE
8)	DEXTROSE GEL, ORAL FOR HYPOGLYCEMIA PO DAILY PRN In place of OJ or non-diet soda; 1 tube	ACTIVE
9)	DOCUSATE SODIUM CAP, ORAL 100MG PO BID for constipation	ACTIVE
10)	FOLIC ACID TAB 1MG PO QDAY	ACTIVE
11)	GLUCAGON INJ 1MG/1VIAL IM DAILY PRN FOR HYPOGLYCEMIA - 1 mg if pt does not have IV access or can't swallow OJ, non-diet soda or instaglucose	ACTIVE
12)	INSULIN ASPART HUMAN INJ HIGH DOSE CORRECTION SCALE SC TID/MEALS & BEDTIME <140=0Units;141-190=3Units;191-240=6Units;241-290=9 Units;291-340=12Units; >341 give 15 units and call MD	ACTIVE
13)	INSULIN ASPART HUMAN INJ 30UNITS SC TID MEALS	ACTIVE
14)	INSULIN GLARGINE 100 UNITS/ML INJ 100UNITS SC BID	ACTIVE
15)	LIDOCAINE 2% TOPICAL JELLY SMALL AMOUNT TOP BID	ACTIVE

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# Discharge Summaries

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LOCAL TITLE: Discharge Summary	DISCH. DATE: MAY 21, 2015
ADMIN DATE: MAY 15, 2015	ENTRY DATE: MAY 21, 2015@17:07:39
STANDARD TITLE: DISCHARGE SUMMARY	ATTENDING: HANLON, THOMAS W
DICT DATE: MAY 21, 2015@15:24	STATUS: COMPLETED
DICTATED BY: LEVCHUK, MICHAEL	
URGENCY: priority	

DATE OF DISCHARGE: 05/21/15

**ADMISSION DIAGNOSES:**

Infected wound status post removal of spinal cord stimulator.

**OTHER DIAGNOSES:**

1. Type 2 diabetes, insulin dependent.
2. Hyperlipidemia.
3. Coronary artery disease.
4. Bilateral shoulder arthralgia.
5. Morbid obesity.
6. Benign prostatic hyperplasia.
7. Fibromyalgia.
8. Sleep apnea.
9. Psoriatic arthritis.
10. Hypertension.
11. Major depressive disorder.
12. History of substance abuse.
13. Alcohol abuse history.
14. Lumbosacral radiculopathy.

**OPERATIONS AND PROCEDURE:**

On 05/05, incision and drainage of spinal cord stimulator insertion site wound with removal of spinal cord stimulator. The patient, after this, developed a bacteremia and he was sent to Geisinger Medical Center for additional treatment. He returned back on 05/15, and he was readmitted to 4-East Surgical Unit for IV antibiotics and wound care.

**CONSULTATIONS:** During this admission, these consultations were done.

1. Infectious Disease.
2. Medical Service.
3. Wound-Ostomy Nursing.
4. Physical Therapy.

**HOSPITAL COURSE:** This is a 66-year-old veteran who had spinal cord stimulator placed in April for chronic back pain. He developed infection with generator pocket, and that required removal of his spinal cord stimulator. In addition to this, patient has very poorly controlled diabetes. He developed bacteremia with cultures for MSSA. He initially was treated

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# Discharge Summaries

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DISCHARGE/TRANSFER DATE: MAY 11, 2015

XDx: INFECTED WOUND STIMULATOR SITE

## OTHER DX:

Diabetes Mellitus, Type 2, Insulin requiring  
 Hyperlipidemia  
 Coronary Artery Disease  
 Hypercholesterolemia, Pure  
 Shoulder: arthralgia  
 Obesity  
 Hypertrophy (Benign) of Prostate  
 Fibromyalgia  
 Sleep Apnea  
 Arthritis, Psoriatic  
 Hypertension  
 Major Depression, recurrent  
 Substance Abuse  
 Legal blindness, as defined in U.S.A.  
 Deafness  
 Knee: arthralgia  
 Alcohol abuse  
 Lumbosacral radiculopathy

OPERATIONS/PROCEDURES: 5/5/15 Incision and drainage of spinal cord stimulator insertion site wound with removal of spinal cord stimulator and pulse generator

CONSULTATIONS: Infectious Disease, Medical Service, Wound/Ostomy Nurse, Physical Therapy

HOSPITAL COURSE: Mr. Garcia is a 56 y/o male veteran who had a spinal cord stimulator placed in April for chronic back pain. He developed infection within the generator pocket and at site of lead placement (T8) thus required the above surgery. He is a very poorly controlled diabetic. In addition to positive cultures from the sites the patient was also bacteremic with 4 positive blood cultures for MSSA. He was initially started on Vancomycin then switched by ID to cefazolin 2GM IV q8Hr after sensitivities reported.

The patient has not been febrile during this postop course but has had a rising WBC to 14.6. (see labs).

From postop day 1 he c/o neck pain that was c/w muscle spasm by positioning in the OR. Today however he demonstrated on exam a large right neck mass that on CT appears to be a collection. He has had unusual sensation from the nipple line and below and while neurologically, he has had no deficits - able to ambulate, no abnormal neuro exam - there was concern all along of a possible epidural abscess. Because of his morbid obesity, CT was initially obtained that did not reveal any abnormality in the T/LS but exam was limited. (see report). MRI was suggested and again due to body habitus, he was not able to have MRI in our machine. Arrangement for MRI today was made but patient even with premed was unable to undergo the exam.

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# Progress Notes

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LOCAL TITLE: CONSULTATION REPORT

STANDARD TITLE: CONSULT

DATE OF NOTE: JUN 25, 2015@15:08

ENTRY DATE: JUN 25, 2015@15:09:27

AUTHOR: NAKKACHE, VICTOR B EXP COSIGNER:

URGENCY: STATUS: COMPLETED

I have seen this pt. multiple times, including quite recently for both his lower back and cervical spine problems and ALREADY STATED THAT THERE IS NO MUCH I CAN DO FOR HIM, especially in the lumbar spine and that was the reason he saw Dr. Hanlon for Pain management.

Regarding the C-spine although it is also doubtful any good surgical solution for him please see my 5/15 note.

Regarding any questions about recovering/improving strength that would be better answer by Physiatry/P.T.

/es/ VICTOR B NAKKACHE  
SURGICAL CONSULTANT (NEUROLOGY) SURGICAL SVC  
Signed: 06/25/2015 15:15

Receipt Acknowledged By:

06/26/2015 07:41 /es/ MARIE J ADAJAR  
STAFF PHYSICIAN PRIMARY CARE

06/29/2015 15:51 /es/ GHAZALI A CHAUDRY  
Chief Surgical Service

06/25/2015 16:00 /es/ THOMAS W HANLON, MD-SURGICAL SERVICE  
ANESTHESIOLOGIST-PAIN MANAGEMENT

06/26/2015 15:17 /es/ H JOYCE MORANO, MD  
Deputy Chief, GEC Service

LOCAL TITLE: NEUROSURGERY NOTE

STANDARD TITLE: NEUROSURGERY NOTE

DATE OF NOTE: MAY 28, 2015@10:25 ENTRY DATE: MAY 28, 2015@10:25:38

AUTHOR: NAKKACHE, VICTOR B EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Pt. is coming back to see me and his condition is relatively stable as he is recovering from infection and indeed he is still on IV antibiotics and has an open wound.

Now he c/o more neck pain which is worsened by flexion and rotation, which is more typical for muscle type pain, there is less swelling than before and no obvious UE motor deficit.

His CT scan of C-spine done earlier this month did not disclose any obvious bony problems (Incidentally also no difference compared to X-rays done 12/13, which was read as a congenital fusion at C5-C6 but that is not as pt. had a cervical fusion in the nineties at WBGH).

Eventually he may need a c-spine MRI but is too soon, that is once he is stable medically, off antibiotics and wound is closed. So for now there is no much more I can do.

PROVIDER Med Reconciliation:

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# Discharge Summaries

Printed On Aug 3, 2

Basically, this patient presents with several concerns that are suggestive of underlying septic changes. He may have endocarditis, abscess of the cervical structures, possibly epidural abscess, Positive blood cultures, and positive wound cultures.

Current management includes cefazolin 2GM IV q8hr, wound care with Dakins solution - dressing change every shift, monitoring vs, lab and neuro checks.

## DISCHARGE:

OTHER HOSPITAL Geisinger Wyoming Valley - Hospitalist Service (see Transfer Note)

### Follow-up:

#### \*\* FUTURE APPOINTMENTS \*\*

DATE/TIME	CLINIC ( LOCATION )
MAY 12, 2015@08:20	WB BENEK POD (C5-28A)
MAY 12, 2015@13:45	WB DENTAL HYG SERNAK (DENTAL 1ST FLR GREEN AREA)
MAY 19, 2015@08:00	WB DENTAL RESIDENT SAKSON (DENTAL 1ST FLR GREEN AREA)
MAY 26, 2015@08:00	WB DENTAL RESIDENT SAKSON (DENTAL 1ST FLR GREEN AREA)
MAY 26, 2015@09:00	WB C-PAP 3RD FLOOR (3rd FLR ROOM C3-48)

### Medications:

#### Active Outpatient Medications (including Supplies):

	Outpatient Medications	Status
1)	ALPROSTADIL INJECTION SYSTEM 20MCG EA INJECT 20MCG INTO PENIS AS NEEDED FOR ERECTILE DYSFUNCTION	ACTIVE
2)	APAP 250/ASA 250/CAFFEINE 65MG TAB 1 TABLET MOUTH DAILY AS NEEDED	ACTIVE
3)	ASPIRIN 81MG CHEWABLE TAB 81 MG MOUTH EVERY DAY	ACTIVE
4)	ATORVASTATIN CALCIUM 40MG TABLET TAKE 20MG (ONE-HALF TABLET) BY MOUTH EVERY EVENING FOR CHOLESTEROL	ACTIVE
5)	C3 MALE CONTINENCE DEVICE - REGULAR USE AS DIRECTED TOPICALLY AS NEEDED FOR URINARY INCONTINENCE	ACTIVE
6)	FOLIC ACID 1MG TABLET TAKE ONE TABLET BY MOUTH EVERY DAY *FOLIC ACID SUPPLEMENT*	ACTIVE
7)	INSULIN ASPART 100 UNITS/ML FLEX PEN INJECT 20 UNITS SUBCUTANEOUSLY THREE TIMES A DAY WITH MEALS FOR DIABETES (USE IN PLACE OF SYRINGES AND VIAL)	ACTIVE
8)	INSULIN, GLARGINE 100 UNT/ML 3ML SOLOSTAR INJECT 100 UNITS SUBCUTANEOUSLY TWICE A DAY FOR DIABETES	ACTIVE
9)	LIDOCAINE 2% JELLY (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY TO Affected AREA FOR PAIN (WASH HANDS IMMEDIATELY AFTER APPLYING THIS MEDICATION)	ACTIVE
10)	MULTIVITAMIN TABLETS 1 TABLET MOUTH EVERY DAY	ACTIVE
11)	OXYCODONE 5MG & APAP 325MG TAB TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	ACTIVE

CC: ADAJAR, MARIE J

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)  
 GARCIA, EDWIN ANTHONY  
 240 SCOTT RD  
 CLARKS SUMMIT, PENNSYLVANIA 18411

VISTA Electronic Medical Documentation  
 Printed at Wilkes-Barre



New Client Start of Services  
 Client Requested Services  Initial  Updated

Client Name: Edwin Garcia

Client Goals:	How Client wants the caregiver to help reach this goal		
(Example) Ensure following prescribed nutrition plan	<ul style="list-style-type: none"> <li>• Consume 1200 calories a day</li> <li>• Gain 2 lbs a week</li> </ul>		
(Example) Fall prevention and risk reduction	<ul style="list-style-type: none"> <li>• Ensure use of bed alarm at night</li> <li>• Use walker during the day</li> <li>• Shower with assistance</li> </ul>		
1.			
2.			
3.			
<b>Personal Care:</b> <p><input checked="" type="checkbox"/> Bathing  <input type="checkbox"/> tub <input checked="" type="checkbox"/> shower  <input type="checkbox"/> bed <input type="checkbox"/> sponge</p> <p>Frequency, specify:  <input checked="" type="checkbox"/> self, no assist  <input checked="" type="checkbox"/> self, assist partial  <input type="checkbox"/> full assistance  <input type="checkbox"/> supervision</p> <p><input type="checkbox"/> Electric shave  <input type="checkbox"/> Shampoo  <input type="checkbox"/> Comb/brush hair  <input type="checkbox"/> Oral/teeth care  <input type="checkbox"/> Perineal care  <input checked="" type="checkbox"/> Assist with dressing  <input type="checkbox"/> General skin care  <input type="checkbox"/> Reposition every 1-2 hrs  <input type="checkbox"/> Skin is intact  <input type="checkbox"/> Skin bruises  <input type="checkbox"/> Skin is broken, where and who is responsible for care: _____</p> <p><input checked="" type="checkbox"/> Assist with self-admin meds, pill box, reminders / prompts  <input type="checkbox"/> Assist  <input type="checkbox"/> bathroom <input type="checkbox"/> bedpan  <input type="checkbox"/> commode <input type="checkbox"/> urinal  <input type="checkbox"/> Record output  <input type="checkbox"/> urine <input type="checkbox"/> bowel  <input type="checkbox"/> Ostomy, type: _____</p> <p><input type="checkbox"/> Incontinence:  <input type="checkbox"/> Urinary <input type="checkbox"/> Bowel  <input type="checkbox"/> Continence Trg  <input type="checkbox"/> Adult briefs  <input type="checkbox"/> Urinary catheter  <input type="checkbox"/> Awake at night for BR</p>	<b>Homemaking:</b> <p><input checked="" type="checkbox"/> Light housekeeping  <input checked="" type="checkbox"/> kitchen <input checked="" type="checkbox"/> bedroom  <input checked="" type="checkbox"/> bathroom <input checked="" type="checkbox"/> dayroom  <input checked="" type="checkbox"/> Personal linens and laundry</p> <p><input checked="" type="checkbox"/> Make/change bed linens  <input type="checkbox"/> Shopping/errands  <input type="checkbox"/> Transportation  <input type="checkbox"/> Safety supervision  <input type="checkbox"/> Independence training  <input type="checkbox"/> Orientation reminders, photos, calendaring, news reports, current events</p> <p><b>Nutrition:</b>  <input checked="" type="checkbox"/> Meal preparation  <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D  <input type="checkbox"/> Snack Time: _____</p> <p><input type="checkbox"/> Diet limitations  <input type="checkbox"/> Low salt <input type="checkbox"/> Kosher  <input checked="" type="checkbox"/> Diabetic <input type="checkbox"/> Puree  <input type="checkbox"/> Soft <input type="checkbox"/> Other:  <input type="checkbox"/> Fluids  <input type="checkbox"/> Encourage <input type="checkbox"/> Limit  <input type="checkbox"/> Assist with eating  <input type="checkbox"/> Record liquid intake  <input type="checkbox"/> Record food intake</p> <p><b>Allergies, specify:</b></p> <p><b>Companionship:</b>  <input type="checkbox"/> Incidental transportation  <input type="checkbox"/> Independence support following rehabilitation or hospitalization  <input type="checkbox"/> Orientation prompts and reminders, calendaring  <input type="checkbox"/> Shopping, errands, appointments, messages  <input type="checkbox"/> Other Activities, specify: _____</p>	<b>Movement &amp; Equipment:</b> <p><input checked="" type="checkbox"/> Walk/sit/stand/transfer  <input type="checkbox"/> Independently  <input type="checkbox"/> as tolerated  <input checked="" type="checkbox"/> with supervision  <input type="checkbox"/> with assistance</p> <p><input checked="" type="checkbox"/> History of Falls  <input checked="" type="checkbox"/> Fall Precautions</p> <p><input type="checkbox"/> Active Range of Motion  <input type="checkbox"/> Complete bed rest/bedbound</p> <p><b>Paralysis Specify:</b></p> <p><input type="checkbox"/> Prosthetics  <input type="checkbox"/> Pacemaker  <input checked="" type="checkbox"/> Cane  <input type="checkbox"/> Stair lift  <input type="checkbox"/> Mechanical lift  <input checked="" type="checkbox"/> Wheelchair  <input checked="" type="checkbox"/> Walker or cane</p> <p><input type="checkbox"/> Eyeglasses or contacts  <input type="checkbox"/> Hearing aid  <input type="checkbox"/> Dentures  <input type="checkbox"/> Bedside commode  <input type="checkbox"/> Hospital Bed</p> <p><b>Communication:</b>  <input checked="" type="checkbox"/> Speaks (circle) English, Spanish, other, specify: _____</p> <p><input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> unable to speak</p> <p><b>Orientation</b></p> <p><input checked="" type="checkbox"/> Fully oriented <input type="checkbox"/> sometimes confused <input type="checkbox"/> rarely oriented  <input type="checkbox"/> never oriented <input type="checkbox"/> comatose  <input type="checkbox"/> Alzheimer's / Dementia  <input type="checkbox"/> Combative <input type="checkbox"/> Delusional</p>	<b>Condition Description:</b> <p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female    Height: <u>60</u> Weight: <u>31</u></p> <p><input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Hypertension  <input type="checkbox"/> Ischemic Vascular Disease <input type="checkbox"/> Other Heart Failure  <input type="checkbox"/> Pneumonia <input checked="" type="checkbox"/> Diabetic  <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful  <input type="checkbox"/> Hospice <input type="checkbox"/> DNR <input type="checkbox"/> Advanced Directives  <input type="checkbox"/> TB (past or current) <input type="checkbox"/> Blood Thinner</p> <p>Allergies: _____</p> <p>Attitude re care: <u>good</u></p> <p><b>Special preferences; Notes:</b>  <u>-back pain</u>  <u>-fibromyalgia</u>  <u>-neuropathy</u>  <u>-blind in right eye</u>  <u>-hard of hearing</u></p> <p><input checked="" type="checkbox"/> Pets <u>birds</u>  <input checked="" type="checkbox"/> Smoking <u>in house (cigars)</u>  <input checked="" type="checkbox"/> Alcohol</p>

This Service Plan accurately reflects the services that I have requested. I understand Griswold Home Care is not a provider of home care services; it provides background screening, credential verification, and ongoing referral services to support consumer - directed home care arrangements.

VA Department of Veterans Affairs

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT  
NEED FOR REGULAR AID AND ATTENDANCE

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>Edwin Anthony Garcia</i>	2. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT	3. RELATIONSHIP OF CLAIMANT TO VETERAN		
4A. VETERAN'S SOCIAL SECURITY NUMBER <i>139-52-5246</i>	4B. CLAIMANT'S SOCIAL SECURITY NUMBER	5. CLAIM NUMBER		
6. DATE OF EXAMINATION	7. HOME ADDRESS <i>240 Scott Rd South Abington PA 18411</i>			
8A. IS CLAIMANT HOSPITALIZED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete items 8B and 9)	8B. DATE ADMITTED	9. NAME AND ADDRESS OF HOSPITAL		
NOTE: EXAMINER PLEASE READ CAREFULLY The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.				
10. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 20 through 34)				
11A. AGE <i>59</i>	11B. SEX <i>Male</i>	12. WEIGHT ACTUAL: LBS. <i>345</i>	ESTIMATED: LBS. <i>345</i>	13. HEIGHT FEET: <i>6</i> INCHES: <i>—</i>
14. NUTRITION <i>Poor.</i>	15. GAIT			
16. BLOOD PRESSURE <i>130/80</i>	17. PULSE RATE <i>68/1hr</i>	18. RESPIRATORY RATE <i>16/1hr</i>	19. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS? <i>SPINAL CORD INJURY - including C5/6 &amp; C7/8</i>	
20. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED From 9 PM to 9 AM: <i>12 hrs</i> From 9 AM to 9 PM: <i>6 hrs</i>				
21. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (If "No," provide explanation) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
22. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
23. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
24A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24B. CORRECTED VISION LEFT EYE <i>-2.00</i> RIGHT EYE <i>-2.00</i>			
25. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
26. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Needs pain mgmt - oral medications.</i>				
27. DOES THE CLAIMANT HAVE THE ABILITY TO MANAGE HIS/HER OWN FINANCIAL AFFAIRS? (If "No," provide explanation) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## 28. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed)

Obese.

## 29. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY TO FEED HIM/HERSelf, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE (Attach a separate sheet of paper if additional space is needed)

unable to button. Easily gets falls from the hand.  
 Right falls losing sense, no coordination

## 30. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURES OR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.

Restrictions on walking, cannot stand for more than 10-15 minutes.  
 and not able to stand more than 10-15 minutes.

## 31. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

Bends right all the time after the heart surgery. Not able to walk or sit.

## 32. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

On and off loss of bladder control and stool control after the surgery in the spinal cord (spinal stenosis)

## 33. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

Patent goes out of home once or twice a week accompanying a person.

## 34. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above)

 YES

200 feet

 NO

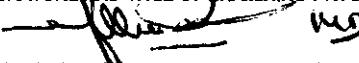
(If "YES" give distance) (Check applicable box or specify distance)

 1 BLOCK 5 or 6 BLOCKS 1 MILEOTHER  
(Specify distance) \_\_\_\_\_

## 35A. PRINTED NAME OF EXAMINING PHYSICIAN

Thomas Alapatt MD

## 35B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN



## 35C. DATE SIGNED

10/14/17

## 36A. NAME AND ADDRESS OF MEDICAL FACILITY

ALAPATT P. THOMAS, MD

1945 MORRIS AVE. STE. 8

UNION, NJ 07083

TRICOUNTY MEDICAL ASSOCIATES

## 36B. TELEPHONE NUMBER OF MEDICAL FACILITY

(Include Area Code)

908-686-4603

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records. 38VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115(1)(e), 1311(c) and (d), 1315(h), 1122, 1541(d)(e), and 1502 (b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

## Transmission Report

Date/Time 04-23-2017 10:19:10 Transmit Header Text  
 Local ID 1 5708217295 Local Name 1 VA ER

This document : Confirmed  
 (reduced sample and details below)  
 Document size : 8.5"x11"

1-3

4-23-17

Att:

Lisa Ross

Fax:

716 - 862 - 6545

Subject:

SF 95

note:

other items to complete form.

Sender:

Edwin A. Garcia

139-52-5246

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	240	716 862 6545	10:17:57 04-23-2017	00:00:35	3/3	1	EC	HS	CP28800

## Abbreviations:

HS: Host send

HR: Host receive

WS: Waiting send

PL: Polled local

PR: Polled remote

MS: Mailbox save

MP: Mailbox print

RP: Report

FF: Fax Forward

CP: Completed

FA: Fail

TU: Terminated by user

TS: Terminated by system

G3: Group 3

EC: Error Correct

10/16/2017 14:17 FAX 570 824 9044

NEPA CARDIOLOGY ASSOC.

\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2528  
 RECIPIENT ADDRESS 13367140511  
 DESTINATION ID  
 ST. TIME 10/16 14:15  
 TIME USE 01'25  
 PAGES SENT 5  
 RESULT OK

Edwin Garcia 52

OMB Control No. 2900-0721  
 Respondent Burden: 30 minutes  
 Expiration Date: 5-31-2018

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE		
1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	2. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT	3. RELATIONSHIP OF CLAIMANT TO VETERAN
Edwin Anthony Garcia		
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## NOTE: EXAMINER PLEASE READ CAREFULLY

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## 10. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 20 through 34)

11A. AGE 59	11B. SEX Male	12. WEIGHT ACTUAL: LBS. ESTIMATED: LBS. 345	13. HEIGHT FEET: 6 INCHES: —
14. NUTRITION poor.		15. GAIT	
16. BLOOD PRESSURE 130/80	17. PULSE RATE 68/min	18. RESPIRATORY RATE 16/min	19. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS? SPINAL CORD INJURY - INCLUDING CERVICAL

## 20. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED

From 9 PM to 9 AM: 12 hrs From 9 AM to 9 PM: 6 hrs

## 21. IS THE CLAIMANT ABLE TO FEED HIMSELF? (If "No," provide explanation)

YES  NO

## 22. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation)

YES  NO

## 23. IS CLAIMANT ABLE TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation)

Court Name: District Court  
Division: 3  
Receipt Number: 333877632  
Cashier ID: epetrosk  
Transaction Date: 10/18/2017  
Payer Name: EDWIN GARCIA

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CIVIL FILING FEE  
For: EDWIN GARCIA  
Case/Party: D-PAM-3-17-CV-001910-001  
Amount: \$400.00

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Paper Check Conversion  
Check/Money Order Num: 1086  
Amt Tendered: \$400.00

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Total Due: \$400.00  
Total Tendered: \$400.00  
Change Amt: \$0.00

Only when bank clears the check or  
verifies credit of funds is the fee  
or debit officially paid or  
discharged. A \$53.00 fee will be  
charged for returned checks.